

Rockport City/Town

WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 and Rockport Wetlands Protection By-law and Regulations

A. General Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





SUBMIT (2) **COPIES**

1.	Apı	plicant:						
	Nan	ne	E-Mail Address					
	Mai	ling Address						
	City	/Town	State	Zip Code				
	Pho	ne Number	Fax Number (i	f applicable)				
2.	Re	Representative (if any):						
	Firm	Firm						
	Contact Name		E-Mail Address					
	Mailing Address							
	City	/Town	State	Zip Code				
	Phone Number		Fax Number (if applicable)					
B. Determinations								
1.	I re	I request the Rockport make the following determination(s). Check any that apply: Conservation Commission						
		a. whether the area depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.						
		b. whether the boundaries of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.						
c. whether the work depicted on plan(s) referenced below is subject to the Wetlands				Wetlands Protection Act.				
d. whether the area and/or work depicted on plan(s) referenced below is of any municipal wetlands ordinance or bylaw of:			subject to the jurisdiction					
		Town of Rockport Name of Municipality						
		e. whether the following scope of alternatives is adequate for work in the Riverfront Area as depicted on referenced plan(s).						

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C. Project Description

. a.	Project Location (use maps and plans to	identify the location of the area subject to this request):				
		Rockport City/Town				
	eet Address					
Ma	ap	Lot				
ASS	Assessors Map/Plat Number Parcel/Lot Number					
b. Area Description (use additional paper, if necessary):						
C.	c. Plan and/or Map Reference(s):					
Title	e					
Title	е	Date				
Title	е	Date				
a.	a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):					
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C. Project Description (cont.)

a. Riv	If this application is a Request for Determination of Scope of Alternatives for work in the verfront Area, indicate the one classification below that best describes the project.
	Single family house on a lot recorded on or before 8/1/96
	Single family house on a lot recorded after 8/1/96
	Expansion of an existing structure on a lot recorded after 8/1/96
	Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
	New agriculture or aquaculture project
	Public project where funds were appropriated prior to 8/7/96
	Project on a lot shown on an approved, definitive subdivision plan where there is a recorded crestriction limiting total alteration of the Riverfront Area for the entire subdivision
	Residential subdivision; institutional, industrial, or commercial project
	Municipal project
	District, county, state, or federal government project
	Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.
	Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification ove (use additional paper and/or attach appropriate documents, if necessary.)

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D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:					
Name					
Mailing Address					
City/Town					
State	Zip Code				
Signatures:					
I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.					
Signature of Applicant	Date				
Signature of Representative (if any)	Date				

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